

# SWIS DIP Agreement: XML Submission

Please review the [SWIS DIP website](#) to become familiar with the process for submitting inspection reports online.

By completing and returning this form, your agency agrees to the requirements, procedures and responsibilities as described in the [Guidelines](#) for submitting inspection reports using SWIS DIP.

<b>City/County:</b>	
<b>Division/Department Name:</b>	

## Selection of Electronic Inspection Data Submittal Method

Indicate which electronic data submittal method(s) the LEA intends to use.

<b>XML Batch Uploads</b> Authorized users can upload a batch of inspection records formatted in the Board's specified XML format.	<input type="checkbox"/>
<b>XML "Real time" Web Service</b> Real time submission of individual records through machine-to-machine exchange of XML formatted data.	Please contact the SWIS DIP Coordinator.  Melissa Parker (916) 341-6398 <a href="mailto:Melissa.parker@calrecycle.ca.gov">Melissa.parker@calrecycle.ca.gov</a>

## Contacts and Users

Provide the name, title, and email address so that LEA staff can be issued a CalRecycle WebPass to submit inspections electronically.

- Primary Contact: person responsible for verifying that additional users are authorized to submit reports on behalf of your agency.
- Other Staff: any LEA staff authorized to submit inspections via SWIS DIP.

If necessary, additional staff may be added at bottom of page.

<b>Primary Contact</b>		
<b>Name:</b>	<b>Title:</b>	<b>Email Address:</b>
<b>Technical Contact:</b>		
<b>Name:</b>	<b>Title:</b>	<b>Email Address:</b>
<b>Other Staff</b>		
<b>Name:</b>	<b>Title:</b>	<b>Email Address:</b>
<b>Other Staff</b>		
<b>Name:</b>	<b>Title:</b>	<b>Email Address:</b>

Attach additional sheets if more users required

## LEA Authorization and Signature

The LEA referenced above wishes to participate in this voluntary program and electronically submit solid waste inspection data to CalRecycle using the method(s) and contact(s) listed above. The LEA agrees to all the conditions and described in the entirety of this data exchange agreement.

**Program Manager Name:**

**Date:**

**Program Manager Signature:** \_\_\_\_\_

FAX this signed and dated agreement to Melissa Parker (916) 341-6398